The number of Americans living with HIV is on the rise. The Centers for Disease Control & Prevention reports an estimated 1,000,000 Americans living with HIV. Of these, about one-quarter do not know they are infected because they have never been tested.
shrinking of support

As the number of uninsured people continued to grow, cuts to Medicaid and Medicare, combined with increased drug costs, left more and more people living with HIV/AIDS without adequate care and support. This is at a time when people with HIV/AIDS are living longer and facing the need for an expanding array of support related to treatment, housing, and other basic services.
Media focus on a possible new multi-drug resistant superstrain of HIV, though unsubstantiated, led to waves of rumors and fear, particularly among gay men. As a result, there were revived calls for quarantines, legal action, and other destructive measures that stigmatize gay men.
Crystal meth continued to have a devastating effect on individual lives throughout our communities. The connections between addictive substance use, risky behavior, and increased HIV transmission have focused attention on complicated underlying factors such as homophobia and mental health issues that still must be addressed as the need for treatment options continues to grow.
Since the advent of anti-retroviral therapy, there has been an increase in complacency regarding the urgency of AIDS here in the United States. This has been especially noticeable among younger people who may not have experienced the darkest days of the AIDS epidemic. This sense of complacency has been fueled by factors such as poverty, racial disparities, sexism, and homophobia, creating an environment in which the lives of those currently at highest risk are seen as less important.
“Moral” beliefs are replacing science as the basis for current public health decision-making. Sound research-based health interventions that address the realities of the epidemic are being ignored both domestically and abroad.
The past year has been particularly challenging in the fight against AIDS. The current political climate led to decreased funding for HIV/AIDS, restrictions on HIV prevention initiatives and attacks against the lesbian, gay, bisexual and transgender community.

Despite this, GMHC was able to fight back and simultaneously continue to respond to the immediate and complex needs of the 15,000 men, women, and children who are our clients.
dear friend:

I write to you about a year of great challenge in the struggle against AIDS. Even though we continue to witness the benefits of medical management of HIV, we are more and more confronted by a growing epidemic.

This year we reached some unfortunate milestones in the United States: we now have more than one million persons living with HIV or AIDS; and we reached world crisis proportions of HIV infections among blacks in the U.S.: 46% for black gay men. Twenty-four years ago we knew that our societal inability to deal with and accept homosexuality facilitated the growth of AIDS. Almost a quarter of a century later we see the cumulative consequences of our social disparities fueling new infections and deaths from AIDS in the U.S. AIDS in our country is now more than ever associated with poverty, racial disparities, the second class status of women, and homophobia.

This past year, we struggled with the continuing interference of religious beliefs in public health matters. We saw the number of the uninsured grow to 45 million, accompanied by reductions in Medicaid and Medicare benefits and increases in drug costs. In New York City we saw the scare of the “super bug,” mistakenly constructed and confirmed to have increased the shame and depression of gay men. We have seen a growing influence of public health initiatives based on individual behavior control as opposed to strengthening the economy and the health of communities.

GMHC focused both on the needs of those living with HIV and AIDS, supporting them to take care of their health and rebuild their lives, as well as intensifying our outreach and engagement into care for those at high risk of HIV infection. We boosted our Return-to-Work program with a state-of-the-art computer training lab and a new comprehensive GED program. We expanded prevention and testing, intensifying our focus on women and gay men of color, and youth, and taking testing into community settings. We ran comprehensive educational campaigns and services to address crystal meth addiction, building awareness and options for care. We magnified our prevention efforts with an increased presence in community settings, through our peer outreach and education programs, and our innovative work with sex and social venue owners. Of great importance, we launched the Women’s Institute, focusing attention and enhancing our commitment to the needs of women in the AIDS epidemic. We continued to expand our mental health services, served a record 96,000 meals, had the highest attendance to our youth programs, and placed more than 80 individuals in full-time jobs.

We know, however, that in addition to meeting immediate needs, we must work at assuring lasting change, safeguarding what remains of a social safety net, and fighting for basic economic and social rights—addressing the impoverishment of larger segments of our society. On the national level we continued to fight for the reauthorization of the Ryan White CARE Act, advocated against cuts in prevention funds, fought for science-based and community driven prevention approaches, and continued to resist and confront ever-more restrictive governmental guidelines and censorship on the production of HIV prevention materials. In New York State we finally won a 10-year struggle for a Disposition of Remains law that extends equal rights to surviving domestic partners. In New York City we participated actively in the Mayor’s Commission for HIV and AIDS to assure community representation and voice, along with progressive public health approaches to address our local challenges.

Our ability to do this is based on a dedicated and valiant corps of more than 2000 volunteers, hundreds of peer counselors, and your support. The generous commitment of our donors enables us to continue to construct a shared solution to the end of this epidemic. Thank you for your commitment and your vigilance, and for continuing to stand with us in the fight against AIDS—we couldn’t do our work without your partnership.

Ana Oliveira, Executive Director
Facing New Stigma
Last year, while the public firestorm over the alleged “HIV superbug” (which was not proven) raged, an opportunity was created for GMHC to reinvigorate the public discourse around HIV prevention and make it a front page media issue again. This heightened awareness also presented an opportunity for GMHC to underscore the value of gay men's lives.

New Possibilities for Gay Men
In the first year of its expanded collaboration with AIDS Project Los Angeles, The Institute for Gay Men’s Health forged new ground in promoting HIV prevention, health, and wellness among gay, bisexual, transgender, and other men who have sex with men across the United States. The Institute focused on influencing the discourse among and about gay men, including responding strongly to the stigma and homophobia that were propelled when it was announced that a superstrain of the HIV virus had been discovered. This became part of a larger dialogue that provided support to gay men, and created opportunities where gay men came together and generated healthy choices about their lives. Our outreach to communities involved environmental interventions and support groups, combined with community-targeted messaging campaigns, publishing of educational materials, and dissemination of information through the Internet.

With a federal Centers for Disease Control & Prevention (CDC) study showing that black men who had sex with men were more than twice as likely to be infected with HIV as other men, GMHC continued to prioritize our work with black gay men through extensive support groups and participation in the 2005 Black Gay Research Summit, sponsored by one of our community partners, People of Color in Crisis. We also continued to work with Latino gay men, another group disproportionately affected by HIV, through community outreach, multi-cultural programs and intervention services. Our focus on youth, who are highly vulnerable to the risk factors for HIV transmission, included another highly successful peer-to-peer outreach effort by the House of Latex which specifically targets prevention services and messages to lesbian, gay, bisexual and transgender (LGBT) youth of color; the launching of a youth campaign promoting HIV testing, and the establishment of a new transgender support and action group.

In the area of community education, we published and distributed throughout the country 10,000 copies of two issues of Corpus, a journal that utilizes art, memoir, fiction, and poetry to explore issues related to HIV prevention and gay men's health; published the second volume of Think Again, an anthology in collaboration with the New York State Black Gay Network, the Black AIDS Institute, and the National Black Justice Coalition; released Sexile/Sexilio, nominated as the National Association of Public Libraries' Queer Book of the Year by the San Francisco Public Library, with 5,000 copies distributed throughout the U.S.; and produced Holding Open Space: Re-tooling and Re-imagining HIV Prevention for Gay and Bisexual Men of Color, with 5,000 copies distributed to all 65 community planning and state health departments throughout the U.S.

To further our prevention efforts, GMHC last year established an innovative partnership with seven gay bars and clubs. Through this unique effort, we were able to install condom dispensers, framed posters, personalized brochure holders, and booklets that carry prevention messages about HIV, crystal methamphetamine, and safer sex in these venues.

Confronting Emerging Issues: Crystal Meth
As crystal meth addiction has spread in the gay community and extended into other communities

35,000 calls and emails from around the country came into the GMHC AIDS hotline last year.
throughout the city, GMHC continued to utilize social marketing campaigns, designed to influence the behaviors of large groups of people, to foster a community dialogue on the complicated underlying issues that allow HIV to persist. The design of these campaigns is based on GMHC’s philosophy that prevention efforts are most successful when you can get HIV into people’s minds before it enters their bodies.

Last year, GMHC produced a campaign that spoke to the dangers of crystal meth use while providing straightforward, non-judgmental information on reducing risk of HIV transmission and offering services to users. The campaign consisted of a booklet, Crystal: What You Need to Know, as well as a series of ads in gay publications, palm cards, and posters that were distributed in targeted venues throughout the city. In addition, posters at subway entrances and in bus shelters appeared in Greenwich Village, Chelsea, and targeted neighborhoods in Brooklyn and Queens. Images from the campaign can be found at www.gmhc.org.

Our crystal meth campaigns were recognized and replicated by AIDS service organizations and departments of health throughout the U.S. and abroad, in such locations as Boston, Indianapolis, Miami, Minneapolis, Philadelphia, Phoenix, San Francisco, Santa Fe, London, Ontario, and Sydney.

To further combat the crystal meth crisis, GMHC focused its efforts on reaching men who meet other men on the Internet. As part of that effort, crystal meth banner ads were placed on Manhunt.net, a popular gay men’s website where men meet, which allowed visitors to click back to the GMHC website for additional information and resources. It is estimated that nearly 1,000,000 people have seen the ads when visiting the website. We also expanded our Internet activities to include daily participation in chat rooms, with GMHC peers providing ongoing prevention and education messages to online users.

Expanding GMHC’s Response to HIV and AIDS Among Women

Building upon our work over the past decade, we launched the Women’s Institute in December 2004 to expand HIV prevention, to address the invisibility of women in the HIV epidemic, and to increase research and policy responses to meet the needs of women.

The Institute focused much of its work on building partnerships — locally and globally — exchanging knowledge of models of care and prevention, and engaging in community-based research. It also advanced advocacy, community organizing, and public policy initiatives aimed at reducing the social and economic vulnerability of women. More than 33% of new HIV cases in New York City are among women and the CDC estimates that by 2010, the rate of new infections in women could double to an astounding 66% in New York City and 50% nationally.

In its first six months, the Women’s Institute held public events and forums; launched its first partnership with Mothers’ Programmes of South Africa; participated in the UNAIDS Global Coalition on Women and AIDS; held the 10th annual Lesbian AIDS Conference; convened and created a Citywide Peer Leadership Collaboration; sponsored a premiere of “In the Continuum,” a play about black women living with AIDS in the U.S. and Zimbabwe; and presented a dialogue with the feminist playwright Eve Ensler.

The Women’s Institute served 475 families made up of 2,158 individuals.
The Women's Institute also expanded GMHC's direct service capacity for women: 25% more women were tested this year; a new program was initiated to provide education, medical literacy and navigation skills, safer sex information, and mentor support for newly-diagnosed women; and the Peer Leadership Initiative expanded its efforts to recruit, hire, train, educate and mentor women infected and affected by HIV/AIDS who are critical to the provision of HIV prevention education and support to at-risk women and women living with HIV/AIDS.

Expanding HIV Testing
With the portability and simplicity of rapid testing technology, GMHC offered testing and counseling services in community settings and had the kind of outreach and impact that was unimaginable just a few years ago, with the number of people tested at GMHC increasing by 12%. In addition, we successfully reached the most vulnerable among us, as demonstrated by the 66% increase in women of color tested, the almost 200% increase of men of color tested, and the doubling of the number of people tested at AIDS Walk. We also created innovative partnerships with a pilot testing initiative for employees at the United Nations, and offered two days of rapid testing for World AIDS Day.

Swimming Against the Current
With reductions in government funding and support in the fight against AIDS, working to ensure that sources of care and support are fully funded and financially sound has become ever more critical to the newly reported 1,000,000 HIV-positive persons in the U.S. Access to care, a fundamental component of GMHC’s mission, is a matter of life and death. Without access, people with HIV/AIDS have more health complications, poorer health outcomes, and less ability to maintain independent lives. Increasing access keeps HIV-positive persons as healthy as possible and stems the HIV/AIDS epidemic in the long term.

Last year, GMHC vigorously responded to threats to the health care safety net, especially for those with low incomes and those who are uninsured. Our primary focus was to protect Medicaid and the prescription drug benefits portion of Medicare Part D for people living with HIV/AIDS.

We were able to significantly reduce the severity of Medicaid cuts in the Congressional Budget Resolution for FY 2005, and we continued to provide leadership to the Medicaid Matters New York coalition. When New York State tried to create a Preferred Drug Program to restrict the prescription drugs covered by Medicaid, we fought to exempt people with HIV/AIDS. Drug interactions with antiretroviral medications are common and without an exemption, the lives of those living with HIV/AIDS would be placed at great risk.

Preserving the Safety Net
The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is federal legislation that addresses the unmet health needs of persons living with HIV.

Funding for the CARE Act has remained at the same level for the past several years and not kept pace with the increasing number of people living with HIV/AIDS. Given the increase of people living with HIV, GMHC fiercely advocated for the expansion of funding for the CARE Act. With new infections concentrated among the poor, communities of color and the uninsured, the strength of the CARE Act is vital to our clients and to HIV-positive individuals.

GMHC reached nearly 100,000 people in its ongoing efforts at community outreach.
everywhere. The CARE Act expired on September 30, 2005. Its provisions have been extended while the President and Congress negotiate a new bill to replace the Act. Depending on the outcome of these negotiations, New York City, the AIDS epicenter of the U.S., could lose a substantial amount of funding to care for people living with HIV and AIDS.

Defending Prevention
GMHC has always worked with local, national and international partners in its approach to prevention policies and guidelines. Our partnerships are strategically built to play an important role in unifying efforts to rid the world of AIDS.

Through GMHC’s leadership in the Prevention Defense Group, we continued to fight restrictive federal guidelines for HIV prevention materials — advocating for the use of frank and specific language and images when creating prevention messages. In addition, GMHC created an ad-hoc coalition to coordinate national advocacy on harm reduction approaches to prevention and needle exchange programs with our partners at amfAR, Human Rights Watch, and the Harm Reduction Coalition. And, we continued to work diligently to strengthen evidence-based HIV prevention interventions — including the scientific understanding and promotion of condoms — through participation in several conferences, community forums, and national consultations convened by the CDC.

Impacting the Global Pandemic
GMHC’s role in the world pandemic has focused on advocacy for AIDS care and treatment for the six million people in urgent need of antiretroviral drug therapy. GMHC continued to bring together community and governmental bodies to accelerate the availability and competency of treatment in resource-poor settings. We organized the first-ever meeting between a Director-General of the World Health Organization and people living with HIV/AIDS, and facilitated meetings between leaders of other international organizations such as the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and community representatives.

Our efforts to address issues of drug pricing and lack of availability of antiretroviral medications continued at full force, with GMHC bringing together the world’s largest multinational pharmaceutical companies and people living with HIV/AIDS and their advocates, including a meeting between activists and the Indian manufacturers of low-cost, generic versions of antiretroviral medications. In the area of research, GMHC worked with the Imperial College of Medicine in London, Doctors Without Borders, and other partners to develop simple, low-cost alternative technologies for medical management of AIDS in resource-poor settings.

As a member of the International Treatment Preparedness Coalition, GMHC has been a driving force in the establishment of the Collaborative Fund for Treatment Preparedness, in partnership with the Tides Foundation. The Fund is a global coalition of people living with AIDS, and the Foundation works to strengthen community based non-profit organizations to create a positive impact on people’s lives in ways that honor and promote human rights, justice and a healthy, sustainable environment. It will soon be featured by UNAIDS in its series on best practices, honoring exemplary programming on HIV/AIDS around the world.

72% of our clients reported an annual income of less than $10,000.
GMHC’s undeniable impact is on the lives of the individuals who seek specific services or look to make a difference in someone else’s life. Our clients and volunteers are often the same—people living with HIV or affected by AIDS in a very personal manner who want change in their lives and in their world. As GMHC faced the challenges presented by the environment we live in, our community of clients and volunteers endured in their own way. Following are some of their stories.

beau

I am a volunteer in the Community Education Program at the Watanabe Center. I have been since 2000. I am also a GMHC client. My experiences as a “teacher” throughout the city are as rewarding as they are challenging. I provide information on “HIV 101”—how HIV is transmitted, its life cycle, the barriers of protection, and dispelling the myths about AIDS. I am often asked to attend health fairs organized by churches, colleges, hospitals, or other community organizations. My colleagues and I proudly bring the GMHC banner with our other tools of the trade, including male and female condoms and a lot of literature. Our materials beg questions and I am happy to respond openly. My ultimate goal is to make sure that my audiences recognize that HIV/AIDS can be prevented, and that there is always help at GMHC.

I know something about this help. As I share with school groups, life with HIV is always changing. I often talk about my own behavior and mental health prior to my diagnosis, as well as my subsequent decline in health and the side effects of treatments thereafter. My recovery has meant persistence, support, faith, and making drastic changes necessary for my well-being. I could not have done it alone. GMHC, my fellow colleagues, friends, family members, doctors, the Buddy Program, and various counselors and therapists all became my core support, my family—our family.

nicole

The 1998 Latex Ball was the first ball I had ever attended. It was such an amazing experience that it completely opened up a new world to me. I joined the house based on that experience and what the house stood for. The ball was so enthralling I thought “I’ve just got to be a part of that.” I always wanted to help people. I accomplish this through my volunteer efforts in homeless shelters, safer sex outreaches, and my advocacy of public and low-income housing. I am a member of several organizations and I intern at GMHC with the goal of becoming a community health specialist.
russell

I first came to GMHC in October of 2004. My preconceived notions about the world of HIV/AIDS were limited. I’d just gotten out of prison where the information was minimal. Through the MATCH Program at GMHC I grew to understand that my needs—and my options—were much larger. I began to volunteer in the dining room during my free lunch hours, taking in the world around me and growing more self-aware. And I began to understand how I might be able to contribute to the community and maybe even get back to work.

It took a lot to get there. I got involved in anger management classes, went through rehab, worked with my parole officer, and finally worked through the MATCH Program to build some skills to find a job. The people at GMHC wouldn’t give up on me or let me give up on myself. They gave me support, some clothing, and job leads. Most of all, it was the support that I needed. Last winter I found a construction job. I started at $14.00 an hour and by summer I was earning $18.00. I got to move out of the halfway house that was part of my parole agreement, and now I’m living in my own apartment. I think that my success isn’t only about the job. It’s because the MATCH Program helped me get to the point where I believed in myself enough to stay in the job and stay committed to the program—and to making my goals reality.

guillermo

I like to know what’s happening in the gay community, and I enjoy helping people who have come here from different countries to get the information that they need—especially information about HIV/AIDS. I’m from another country, and in my country nobody ever told me about HIV or protection from it. That’s really why I came here to GMHC. I remember my first experience with Gay Pride in Queens. I was afraid to go, but for me that was really the big break in my life—it was really important for me to do something in the gay community. I’m here, I’m happy, and I’m trying to show the world that we are the same as everybody.

evelyn

I became a volunteer at GMHC after an agonizing period of mourning for my son who died of AIDS. I wanted to occupy my time with something meaningful, something valuable. My son had been a client here. Now it’s my privilege to be a volunteer. It’s especially nice to be appreciated for doing work that I truly love. I am in awe of this agency—the multiple facets of its accomplishments, the changes, the growth, and most of all, meeting the needs of people who are HIV-positive or have AIDS. One of the best decisions of my life was to come here to volunteer.
client statistics:

Gender:
Male: 81%
Female: 18%
Transgender: 1%

Age:
13-29: 4%
30-39: 23%
40-44: 23%
45-49: 20%
50 and over: 30%

Race/Ethnicity:
White: 30%
Black: 33%
Hispanic: 32%
Asian/Pacific Islander: 2%
Undisclosed: 3%

Sexual Orientation:
Gay/Lesbian: 57%
Bisexual: 8%
Heterosexual: 27%
Undisclosed: 8%

Residence:
Manhattan: 43%
Brooklyn: 18%
Bronx: 16%
Queens: 12%
Staten Island: 1%
Unknown/undisclosed: 10%
from the chair of the board of directors:

On behalf of the GMHC Board, I am proud to acknowledge and thank our indispensable partners in the fight against HIV and AIDS — our steadfast and passionate individual donors, our exceptional corporate and foundation leaders, our inspired volunteers and dedicated AIDS Walkers, and our extraordinary management and staff. Together with our clients we constitute a resourceful, resilient, and determined family.

Together we fight to bring an end for all to this epidemic. It is a fight that will triumph over disparities in access to health care, treatment and resources. It is a fight for our future, in which we get ahead of the epidemic with greater solutions than the challenges we face. We do this not only because we must but because we can, because we have this noble family of donors, volunteers, and community partners who commit their resources, their talent, and their invaluable spirit so generously each year.

It is our extraordinary collective of supporters to GMHC’s visionary mission that allows for our continual evolution and effectiveness. As agents of change, we take the common good very seriously. We see health care as a human right. And throughout all of our work we strive to affirm both the dignity and the autonomy of people living with HIV and AIDS.

As we approach the 25th year of this journey together, we are mindful of both the progress we have made and the still-daunting transformation we have yet to make in bringing an end to HIV/AIDS as we know it. This is our unyielding focus as a Board and as an agency. And we are extremely grateful for and honored by your unwavering commitment to GMHC.

John E. Colón
Chair, GMHC Board of Directors

July 2004 – June 2005

William S. Floyd, Co-Chair
Ron Martin, Co-Chair
Lawrence Van Valkenburgh, Vice-Chair
James F. Capalino, Treasurer
Didi Charney, Secretary

Ellen Baer
Elaine J. Bergman
Andrea L. Boone
John E. Colón
Frank Doyle
Rev. Rosetta Dubois-Gadson
Rosa M. Gil, DSW
Thaddeus Grimes-Gruczka
Maureen A. Hayes
Thomas Irwin, Ph.D.
Dee Livingston
Hal Moskowitz
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Joe Steele
Emil Wilbekin
As Treasurer, donor, and active volunteer, I am proud to report that in Fiscal Year 2005 GMHC recorded a surplus of revenues over expenses of $170,552 — the fifth consecutive year of positive financial results for the agency. We had combined support and revenue of $27.5 million — $12.6 million from private contributions and special events, $1.9 million in donated services, $11.4 million from government grants, and the remainder from service fees, sales of publications, and miscellaneous income.

We are truly grateful to the individuals, corporations, foundations, and public sources of support that enabled total agency revenue to grow by approximately $3.7 million from the prior year, sustaining increased activity in nearly every program area. Revenue from special events increased by $1.2 million due to a continued expansion and diversification of activities. Government grants grew by $2.1 million reflecting support of some extraordinary new initiatives in HIV prevention, mobile rapid testing, and crystal meth education and outreach campaigns.

GMHC continues to operate at the highest level of efficiency while remaining stable, flexible, and responsive to the challenges of the epidemic. We continue to streamline our operations and enhance our programs and services to better serve more than 15,000 men, women, and children annually. A strong indication of our efficient use of resources is that 79.6 percent of expenses go to maintain our programs, and the vast majority of our donors’ contributions are directly allocated to client services.

We thank you for your continued support and confidence in the fiscal management of GMHC.

Frank T. Doyle, Treasurer, GMHC Board of Directors

79.6¢/$1
At GMHC, 79.6 cents of every dollar is used for direct services and programs.

where the money goes:
Client programs: 39.8%
Education: 29.1%
Public Policy and Communications: 10.7%
Management: 3.6%
Fundraising: 16.8%
## Financial Summary

### Condensed Consolidated Statement of Financial Position

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<thead>
<tr>
<th>Assets</th>
<th>2005</th>
<th>2004</th>
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<tr>
<td>Cash and investments</td>
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<td>Government grants receivable</td>
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<td>Pledges receivable</td>
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<tr>
<td>Total assets</td>
<td>$ 16,604,233</td>
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### Liabilities and Net Assets

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<thead>
<tr>
<th></th>
<th>2005</th>
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<tbody>
<tr>
<td>Government contract and advances</td>
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<td>Other liabilities</td>
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<td>Total liabilities and net assets</td>
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### Condensed Statement of Activities and Changes in Net Assets

#### Support and Revenue

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<td>Special events</td>
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<td>Government contracts</td>
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#### Expenses

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<td>Program services</td>
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<td>Supporting services</td>
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<td>Fundraising</td>
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<td>$ 27,327,947</td>
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#### Change in Net Assets

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<tbody>
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<td>Change in net assets</td>
<td>170,552</td>
<td>239,996</td>
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<tr>
<td>Net assets, beginning of year</td>
<td>13,866,357</td>
<td>13,626,361</td>
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<tr>
<td>Net assets, end of year</td>
<td>$ 14,036,909</td>
<td>$ 13,866,357</td>
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</table>

The consolidated statement of financial position of Gay Men’s Health Crisis, Inc. and affiliates as of June 30, 2005 and 2004 and related consolidated statements of activities and changes in net assets, and of cash flows for the years then ended were audited by Mitchell and Titus, LLP. The condensed consolidated financial statements have been derived from the consolidated audited financial statements. Copies of the audit reports and the complete consolidated financial statements are available upon request to Harvey Kasdan, Chief Financial Officer, at 119 West 24th Street, New York, NY 10011.
gmhc gratefully acknowledges the generosity of individuals, foundations, and corporations who have supported the agency during fiscal year 2005.

The President’s Council
Members of the President’s Council demonstrate an extraordinary commitment and willingness to dedicate personal resources to lead the way to real and lasting change. The following individuals and family foundations help GMHC to fulfill its mission of improving lives by mobilizing the caring power of our community. We salute their vision, leadership and dedication.

President’s Council Chair
Eric Rudin

Co-Chairs ($100,000 +)
Anonymous (1)
The Michael W. McCarthy Foundation
Michael Palm Foundation

Vice-Chairs ($50,000 +)
Fiona and Eric Rudin
Henry van Ameringen

Members ($25,000 +)
Joseph Arena and Dr. Thomas D’Eletto
Mitzi and Warren Eisenberg
The Curtis W. McGraw Foundation
Paul L. Newman and Joanne Woodward
The New York Community Trust-Hayes Family Fund
Judith and Samuel Peabody
Leslie Fay Pomerantz
The Ted Snowdon Foundation
Michelle and Robert Wallach

Friends for Life
GMHC’s Friends for Life Annual Fund donors, who are indicated in bold, are individuals and family foundations that have made unrestricted gifts of $1,000 to $24,999. Names that appear with an asterisk (*) indicate Friends for Life Best Friends, generous donors who have increased their gifts by 25% or more.

$100,000+
Altra Group, Inc.
Carnegie Corporation of New York
Delta Air Lines, Inc.
Ford Foundation
M.A.C. AIDS Fund
Estate of Jordan Mayro
United Way of New York City

$50,000 – $99,999
Anonymous (1)
FJC, A Foundation of Donor Advised Funds
Gap Inc.
Gill Foundation
Evelyn & Walter Haas, Jr. Fund
The Robert V. Hauff & John F. Dreelánd Foundation
The J.P. Morgan Chase Foundation
Merck and Co., Inc.
The New York Community Trust
Estate Of Elbert Olden
The Overbrook Foundation
May and Samuel Rudin Family Foundation, Inc.
Estate of Lilli G. Sweat

$25,000 – $49,999
American Express Company, Inc.
America’s Second Harvest
Bristol-Myers Squibb
Broadway Cares/Equity Fights AIDS
Estate of Bruno Brunelli
Design Industries Foundation Fighting AIDS
Deutsche Bank
Gilead Sciences
GlaxoSmithKline
Liz Claiborne Inc.
John M. Lloyd Foundation
Macy’s East
Estate of William F. McCarthy
Newman’s Own
Pfizer, Inc.
The New York Community Trust
Estate Of Elbert Olden
The Overbrook Foundation
May and Samuel Rudin Family Foundation, Inc.
Estate of Lili G. Sweat

$10,000 – $24,999
Anonymous (2)
AIDS Vaccine Advocacy Coalition
Anheuser-Busch Companies, Inc.

Jack and Ian Archer-Watters
In Memory of Jordi Lyons and Jim Gibb
Boehringer Ingelheim
James F. Capalino*
Cowles Charitable Trust*
Eric Paul Coyne and Rodney Alan Giles*
Estate of Michael De Liso
Duane Reade
Friendy Capital Partners, LP
Father Louis R. Gigante
GILSEN, Inc.
The Hagedorn Fund
The Helene Foundation
Stan Herman
Estate of Michael L. Hirsch
Hyde and Watson Foundation
Impact Communications
Anita Jaffe
Elton John AIDS Foundation
Lisa Keith and Allan Karp
Barney Karpfng
Estate of Charles P. Lehman
Estate of Robert Paige Lucas
Hal Luftig and the Hal Luftig Company
The Mailman Foundation, Inc.
Page and Otto Marx, Jr. Foundation
Estate of Howard R. Morse
NASDAQ
Drs. Martin A. Nash and Jack Hennigan
Open Society Institute
James H. F. Polaski
Quest Diagnostics, Inc.
Raymond Family Foundation
Sumner M. Redstone
The Charles and Mildred Schnurmacher Foundation
The Susan Stein Shiva Foundation
Melissa and Robert Soros
Peter N. Spiliopoulus and Robert Turner
Barbara H. Stanton Fund
Stonewall Community Foundation
Target
Estate of Ruth Taub
Lawrence N. Van Valkenburgh
Viacom International, Inc.
Jan K. Weil
Nina and Gary Wexler
The Malcolm Hewitt Wiener Foundation
Robert G. Zack
Ziff Brothers Investments

$5,000 – $9,999
Anonymous (6*)
Jeffrey A. Altman Foundation
Bear, Stearns & Co., Inc.
The Frances and Benjamin Benenson Foundation, Inc.
Bloomingdale’s Brinker International
Estate of Mathilde E. Budner
Shirley C. Burden Charitable Trust
Calamus Foundation
Jonathan Canno
CFDA Foundation
CJM Foundation
Coach, Inc.
Steven A. & Alexandra M. Cohen Foundation, Inc.
John E. Colón
Daffy’s

Key: Bold names = Friends for Life member; * = Best Friend, 25% increased gift over FY 04
$2,500 – $4,999
Anonymous (8*)
In Memory of Eric Martinson
In Honor of David Hyland
Mentor Foundation
The Chadwick Center
AIDS Link
The Ellis Fund
Columbia College
Collaborative

$1,000 – $2,499
Anonymous (25)
In Memory of Michael Degenhardt
In Memory of Michele Marino
In Memory of Douglas Basta
In Memory of Ida B. Wittington
In Memory of Keith Allen Reynolds

Jane E. Aaron
Abby Abrams
William Acevedo
Active Health Management, Inc.
Ade campaign

AFSCME District Council 37
ARIDS Center of Queens County
Mrs. Russell B. Athen
AKMK Productions
Brian Albert
Alconda-Oswley Foundation
Julie M. Allen
Philip Altheim
Bert Amador
Steve Amendola
Joan Amico
Helen and Paul Arbiner
In Memory of Michael H. Riesenb

Mr. and Mrs. Irwyn Applebaum
Theodore S. Arenas
James Asp and Perry Streidel
Christopher A. Austopchuk
AXA Financial Companies
Babbitt Family Charitable Trust
Ellen K. Baer and David N. Lebenste
Benjamin L. Balkind
Robert E. Bank*
Bank of America Foundation
Jeffrey L. Banks
Robert Barish
Kristin A. Barlow
Bronda E. Barnes
Lourdes Barreneche
John S. Bartolomeo
Marcia Bates
Marc Baum and Steve Dillworth
Gordon L. Beals
Lawrence Benenson
Elaine J. Bergman

communityeducation

GMHC educational campaigns raised awareness about HIV testing and services, while aiming to stimulate community dialogue on crystal meth, and other critical issues related to HIV and AIDS.

William W. Donnell
James H. Duffy
The Charles Engelhard Foundation
Jody Falco and Jeffrey Steinman
William S. Floyd and Jerome Berman*
Mr. and Mrs. Robert Foran*
Tom Ford and Richard Buckley
Tom And Kathy Preston Foundation
The Fuller Foundation, Inc.
In Memory of Gino Piscopo
Fund for the City of New York
Robert and Peter Gottlieb and Family
Suzanne Greenberg*
Grey Global Group, Inc.
M. Hall*
In Memory of Shane Sasser
Ekkehart Hessels-Weiler and
James Bennett
Sara and Andrew Hedden
here! Network
Steven L. Holley
Jeffrey L. Humber, Jr.
Johnson & Johnson
Rita J. and Stanley H. Kaplan Family
Foundation, Inc.
Mel Karmazin Foundation, Inc.
Kenneth Cole Productions
Patricia Kind
David Kleinberg*
Michael Krasnoff and Donna Field*
Mathilde K. Krim, Ph.D.
Wolfensohn Family Foundation
Richard J. Winter
Reid Williams Foundation
Paula K. Weil*
John D. Weeden and David Davies
Vonage Holdings, Inc.
Diana and Rafael Viñoly
Video Industry AIDS Action Committee
UBS
Johnson & Johnson
Jeffrey L. Humber, Jr.
Steven L. Holley
here! Network
Sara and Andrew Hedden
here! Network
Steven L. Holley
The introduction of rapid testing made HIV screening more accessible than ever before. GMHC offered free HIV testing and counseling off-site at AIDS Walk and other community events.
Playwright Terrence McNally (left) joined in celebrating Stan Herman and Judith and Samuel Peabody, three of the agency’s most steadfast volunteers and supporters, at Music for Life, a glittering evening of opera and classical music.
Pierre Vallet
Van Stry Design
John Vlachos
Lee M. Vogelstein
Barry C. Waldorf
Walgreens
Roger Walker-Dack
Daniel L. Wallace
Washington Mutual Foundation
Weisman Foundation Trust
Jean and Kenneth Wentworth
In Memory of Jonathan Wentworth
Rich Werman
Elizabeth Eynon Wetherell and
David Wetherell
William Morris Agency, Inc.
Robin Willner
Judy and Fred Wilpon Family
Foundation, Inc.
Dennis Wilson
Jason Windawi
Wollman Rink Operations, LLC
Cindy Workman
Justin Wyatt
Jeremy Wyant
Karen R. Young
Saul L. Zakin
Marc P. Zemsky
Christian Zimmermann and
Richard M. Kielar
David Zippel
Herbert Zohn
Zurich North American Foundation

Allies
GMHC Allies is a new giving program that was launched in fiscal year 2005. The
donors listed below were the first to join Allies with single gifts of $500 to
$999 and we welcome them to our circle of major supporters.

Larry W. Anderson and Michael B. Boulas
Robert Bell
John Chism
David Ellenbogen
Bernice H. Falby
Richard Henderson
Babette S. Hollister
Douglas A. Holtquist
Marcia K. Hottman
Cathy Hough
Fred Kinder
M.J. and Carol G. Lebworth Foundation
Dr. Gaines M. Mimms
Matthew Mitchell
Arthur H. Moore
Joel Press
Mark and Michelle Retik
Steve Shane
B. Ross Smead

Partners in Planning
Partners in Planning is a recognition society honoring individuals who have
established legacy gifts for GMHC in their wills and estate plans. We are
grateful to the members below for including GMHC in their long-term
financial planning.

Anonymous (2)
Ward Auerbach
William R. Ayers
Barbara Barone
Mr. and Mrs. William F. Berliner
Lester R. Bowman
William J. Boyd
Evelyn R. Burke
Elizabeth G. Calhoun
Samuel Carson
George E. Chandler
Asa II
Sheila Burakowski
Ms. Franni Burke
Dr. Gaines M. Mimms
Matthew Mitchell
Arthur H. Moore
Joel Press
Mark and Michelle Retik
Steve Shane
B. Ross Smead

return to work
GMHC encouraged and assisted participants with their efforts to attain employment and achieve greater financial independence and autonomy through our Moving Ahead Toward Career Horizons (MATCH) Program.

Star Walkers
Star Walkers are a major part of the continuing success of AIDS Walk and we applaud them for their outstanding achievements. The following walkers each raised $1,000 or more, and together raised an impressive total of $2.67 million.

$50,000 +
Rita Fischer
Carl Folta

$25,000 – $49,999
Francine Goldstein
Laurance LaCause

$10,000 – $24,999
David Baron
Rochelle Bloom
Karen Buglisi
Adriana Cisneros
Inez Flicker
Sam Gonzalez

Key: Bold names = Friends for Life member, = Best Friend, 25% increased gift over FY 04
With 45,000 participants raising more than $5.8 million, the 20th annual AIDS Walk New York was a testament to the power and breadth of New York’s diverse communities mobilizing to end AIDS.
The Women’s Institute expanded on the agency’s years of experience working with women to create a supportive environment dedicated to health and empowerment through education.
GMHC’s annual celebration of donors and friends honored Joan and Bob Tisch for their years of friendship and dedication to the agency. This year’s event brought together Phil Donahue, our Executive Director Ana Oliveira, Joan and Bob Tisch, “Sex and the City” star Cynthia Nixon, and Jonathan Tisch (left to right).
Meals at GMHC provide a much-needed sense of community, where clients can talk with others who are facing the same challenges of living with HIV and AIDS.
dance-a-thon

On December 11, 2004 the AIDS Dance-a-thon returned to New York City. Move Against AIDS: Return of the Dance-a-thon raised $750,000 with almost 3,000 participants.
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**Employee Giving**

Allstate Giving Campaign
American’s Charities
American International Group, Inc.
Assurant Foundation
The A&I Foundation
Bank of America, N.A.
Charitable Flex Fund
Combined Federal Campaign
Elisa, Inc.
Gap Inc.
Grey Global Group, Inc.
IBM Corporation
care Workplace Giving Program
ITG, Inc.
KPMG, LLP
The McGraw-Hill Companies
Medco Health Solutions
Merck & Co, Inc.
Meredith Corporation
Microsoft Corporation
Morgan Stanley
New York Life Foundation
Perforce Foundation
The Prudential Insurance Company of America
PSEd (Public Service Enterprise Group)
Time, Inc.
United Airlines
United Way of Bergen County
United Way of Chester County
United Way of Delaware
United Way of Greater Los Angeles, Inc.

**Executive Director**

Ana Oliveira

**Address**

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Web: www.gmhc.org
Email: hotline@gmhc.org

**Independent Auditors**

Mitchell & Titus, LLP
One Battery Park Plaza
New York, NY 10004

**Credits**

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Photography: Donna F. Aceto, Paul O. Colliton, Joseph Flocco, Adam Fredericks
Design: BaileyCo-NYC

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gmhc program guide:

On the front line in the fight against HIV and AIDS since 1981, GMHC continues to refine and develop its comprehensive services to provide an unparalleled continuum of care for our clients. Principal programs of the agency include:

The David Geffen Center for HIV Prevention and Health Education combines a highly successful HIV and STI testing and counseling program with immediate connection to care. It also provides programs that empower clients with the knowledge to maximize their well-being in the context of broader health concerns.

The GMHC AIDS Hotline responds to over 35,000 phone calls and email requests yearly with detailed information, counseling, emotional support, and an expansive referral service.

The Michael Palm Center for AIDS Care and Support offers a full range of early engagement services and linkage to care, including mental health, case management, substance counseling, support groups and in-home buddy services.

The Women's Institute provides HIV prevention, advocacy and support services to women and families living with and affected by HIV/AIDS. Through a wide range of gender specific initiatives, clients receive evidence-based risk reduction, empowerment strategies and leadership development.

The Institute for Gay Men's Health uses community-specific outreach and networking, including the Internet, to connect gay and bisexual men with safer sex information, substance use education, counseling, workshops, and discussion groups, to reduce HIV transmission.

The Meals and Wellness Program provides hot nutritious meals to impoverished clients living with HIV/AIDS. Last year, more than 96,000 meals were served. The program also offers services devoted to the overall health of clients, including nutrition counseling, therapeutic art, and complimentary therapies such as acupuncture, yoga and massage therapy.

The Legal Services Department offers legal services critical to obtaining and maintaining access to food, housing, medical care and employment. The department focuses on discrimination, employment, bankruptcy, homelessness prevention, family law, child custody, permanency planning, immigration, and access to benefits and entitlements.

The Terry K. Watanabe Volunteer and Work Center recruits, trains and supports volunteers and interns in the fight against AIDS. It also offers a comprehensive array of educational, job readiness, training, job placement and supportive retention services for people living with HIV/AIDS.

The Public Policy Department advocates for fair and effective HIV/AIDS policies at all levels of government, including expanded access to healthcare and services. The Department also focuses advocacy efforts on the development of new, improved, and less expensive methods for the prevention, diagnosis, and treatment of HIV and AIDS. Treatment Issues, published by the Department, is an internationally recognized monthly newsletter that analyzes the latest medical and scientific information in HIV and AIDS policy and care.
keeping our focus

Gay Men’s Health Crisis (GMHC) is a not-for-profit, volunteer-supported and community based organization committed to national leadership in the fight against AIDS. Our mission is to reduce the spread of HIV disease, help people with HIV maintain and improve their health and independence, and keep the prevention, treatment, and cure of HIV an urgent national and local priority. In fulfilling this mission, we will remain true to our heritage by fighting homophobia and affirming the individual dignity of all gay men and lesbians.